PTO/SB/01 (05-03)

Approved for use through 04/30/2003. OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Attorney Docket Number

	DECLARATION FOR UTILITY OR DESIGN				LU, et al					
PATENT A	COMPLETE IF KNOWN									
(37 CF	Application	Number			<u> </u>					
Declaration	Declara	ation	Filing Date							
Submitted OR With Initial	Submit	Had after Initial	Art Unit	· · · · · · · · · · · · · · · · · · ·						
Filing	-	R 1.16 (e))	Examiner N	ame						
I hereby declare that:										
Each inventor's residence, ma	ailing address,	and citizenship are a	as stated be	elow next to	heir name.		4			
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
X-RAY TUBE COOLIN	NG COLLA	 R								
(Title of the Invention)										
the specification of which										
is attached hereto										
	OR									
OR										
	YYY)		as Unifo	ed States An	plication Nu	mber or PCT	International			
OR was filed on (MM/DD/Y	YYY)		as Unit	ed States Ap	plication Nu	mber or PCT	「International			
	YYY)	and was amended			plication Nu		International (if applicable).			
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[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	1 1 - 1	er Number ode Label				OR		Corres	pondence address below	
Name										
Thomas E. Kocovsky, Jr I	FAY, SHARPE	E, FAGAN	I, MINNIC	1 & HC	McKE	E, LLF	>			
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Cleveland					он				44114-2579	
Country		Telephor	ne			Fax				
us		216/861	-5582			216	5/241-1	666		
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NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has b	een file	d for thi	is unsigr	ned inventor	
Given Name (first and middle [if any]) Qing Kelvin				Family Name or Sumame LU						
Inventor's Signature	Jan	$\overline{}$	/						Date 2-3-04	
Residence: City	State	Cour	Country Citizer				nship			
AURORA	IL			US	us us					
Mailing Address 3413 CHARLEMAINE DRIVE										
City	State			ZIP					Country	
AURORA	IL				60504				US	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Allan D. Family Name or Surpame KAUTZ										
Inventor's Signature	a Di	Kart							Date 2ーゲー0 ケ	
Residence: City	State	1		Coun	ntry			Citizer	nship	
NAPERVILLE	IL			us us				us		
Mailing Address 1557 CEALS COURT										
City	State				ZIP			Country		
NAPERVILLE	IL 60565 US									
Additional inventors or a legal reg	presentative are bel	no named or	the ONE s	enelaque	ental shr	eet(s) PT	O/SB/02A	or 021.R :	attached hereto.	

PTO/SB/02A (10-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor						
Xiaopo Given Name			MA Family Name or Surname							
Inventor's Signature					Date 2/4/04					
NAPERVILLE Residence: City	IL. State			Sountry		CN Citizenship				
2503 BORDEAUX LANE, APT. 104 Mailing Address										
Mailing Address			, ,							
City NAPERVILLE				0540 IIP	US Count	y				
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor						
Given Name				amily Name r Surname						
Inventor's Signature						Date				
Residence: City	ty State			ountry	Citizenship					
Mailing Address										
Mailing Address										
City	Sta	ite	ZIP Coun			itry				
Name of Additional Joint Inventor, if an	ıy:] A	petition has been file	d for this	s unsigned inventor				
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Inventor's Signature				Date						
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